Packaging Specimens

Unclassified

PACKAGING

- Verify SSNs, dates, and initials on the bottle labels
- Automated selected service members not present for duty
  - Blacken out first quarter inch of bar code
  - Line thru remainder of bar code
  - Line thru service members' SSN
  - Print, stamp, or type "No Specimen" in prescreen column

PACKAGING

continued

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT	2. ADDITIONAL SERVICE INFORMATION *(Second Echelon)*
HQ STARC PRN 101, FTIG Annville, PA 17003	Pennsylvania Army National Guard 1SG Ervin D. Steinly, Jr. (717) 861-8396 Dept. of Military & Veterans Affairs, ATTN: Annville, PA 17003-5002

A. LABORATORY CONDUCTING DRUG TESTING	
Tripler Army Medical Center MCHK FT (808) 433-5176 Forensic Toxicology Drug Test Lab., Bldg. 40 2nd Tripler AMC, HI 96859	B. BATCH NUMBER C. REPORT OF RESULT *(DTG / Serial No.)* D. DRUGS TESTED

3. BASE / AREA CODE	4. UNIT IDENTIFICATION CODE	5. DOCUMENT / BATCH NUMBER	6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)
N G 4 0	W 8 B W A A	X 0 0 1	

C1

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFORMATION	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
001	555-44-1111	IR	A				
002	333-22-4444	IR	A				
[redacted]	[redacted]	IR	A	No Specimen			
004	333-22-1234	IR	A				
005	667-77-9999	IR	A				
006	789-12-3456	IR	A				
007	123-45-6789	IR	A				
008	987-65-4321	IR	A				

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.

(1) SIGNATURE	(2) DATE SIGNED	(3) CERTIFYING OFFICIAL *(Printed Name and Title)*

DD Form 2624, FEB 1998 *Previous Edition may be used*

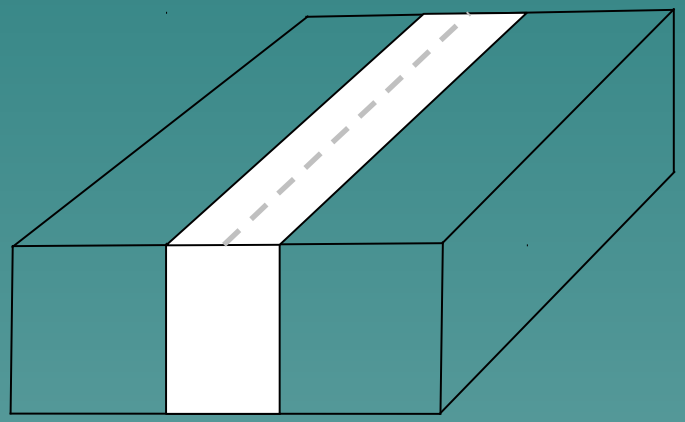
PACKAGING

continued

- Consolidate batches when possible
  - More than one batch of specimens maybe shipped in the same box providing the entire batch can be shipped together
- Place one absorbent pad in box with six or less specimens, place two absorbent pad in box with six or more specimens

PACKAGING
continued

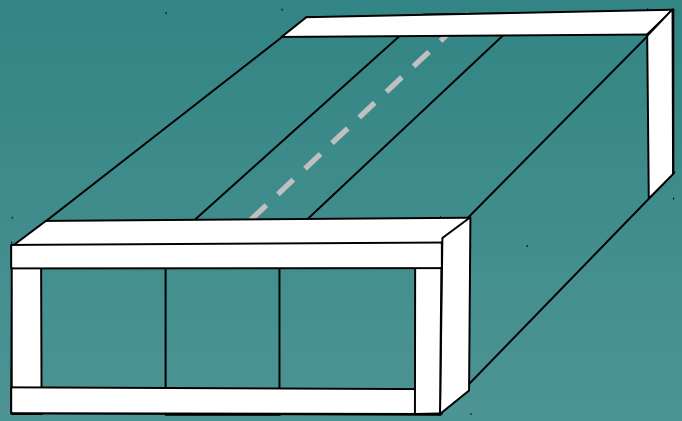
- Sealing specimen box
  - Apply packing tape length-wise around entire box to cover top and bottom box seams



PACKAGING

continued

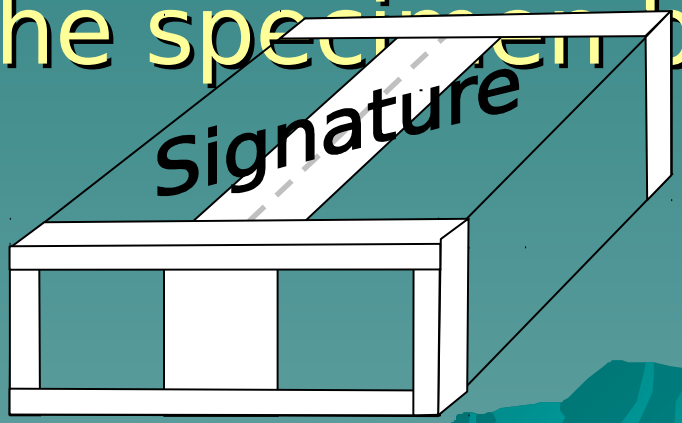
- Apply packing tape around the seams on each end of the box



PACKAGING

continued

- The DTPAM/UPL that signed the back side of DD Form 2624 releasing the specimens for mailing will sign their payroll signature, top and bottom, across the specimen box and tape



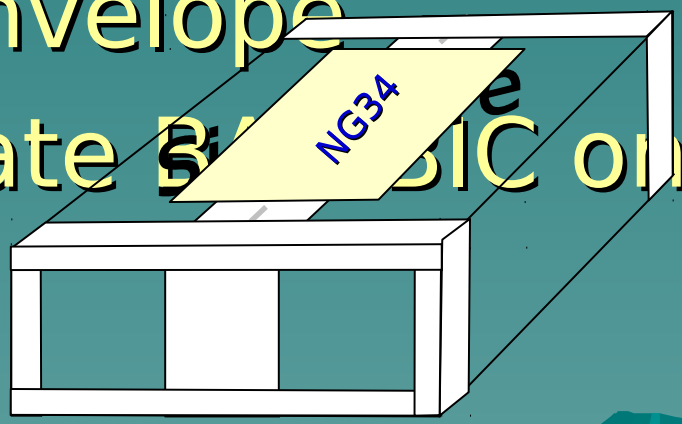
PACKAGING
continued

- Places **original** DD Form 2624s and

any certificates of corrections inside

a # 10 envelope

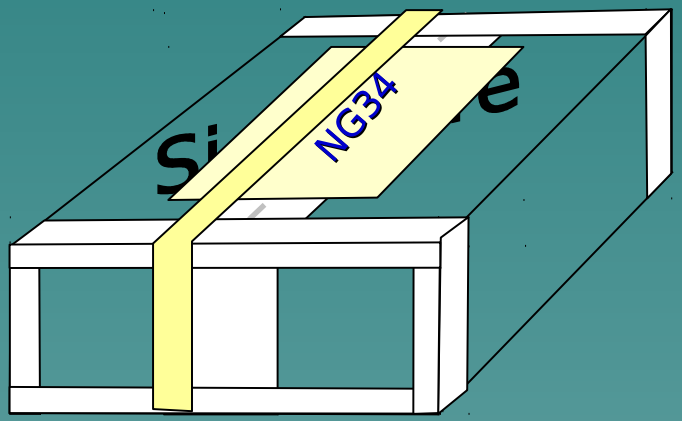
- Print state B[illegible]BIC on envelope



PACKAGING

continued

- Tape the envelope, unsealed, to the outside top specimen box



PACKAGING

continued

- Place sealed specimen box in a water-proof mailing pouch (6530-01-304-9762) and seal the pouch

Shipping

Shipping

- Ship specimen boxes to SAPC using one of the following methods:
  - FEDEX (primary)
  - US Postal Service by First Class Mail (alternate).
  - Hand-carried by surface transportation

Shipping
continued

- Military aircraft transportation system.
- US flag commercial airfreight, air express, and air freight forwarder.
- When none of the above can satisfy the movement required, by foreign flag air carrier.

Security

Security

- When specimens are unattended they must be kept in a locked container
  - Safe
  - Secure filing cabinet
  - Metal wall locker

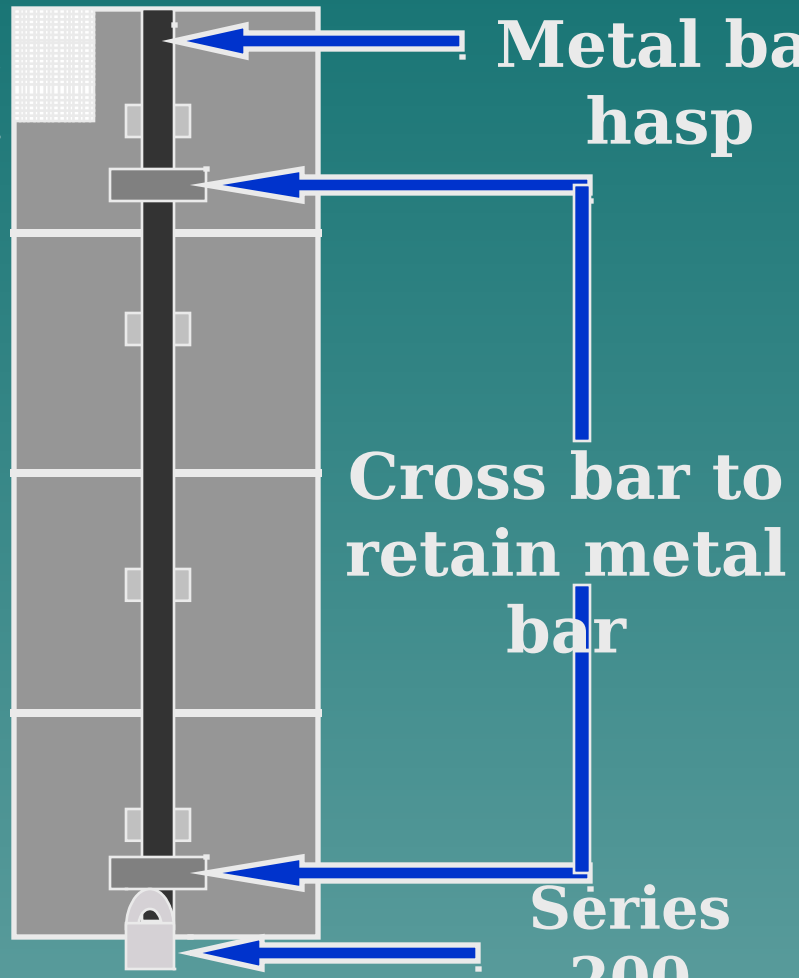
Security
continued

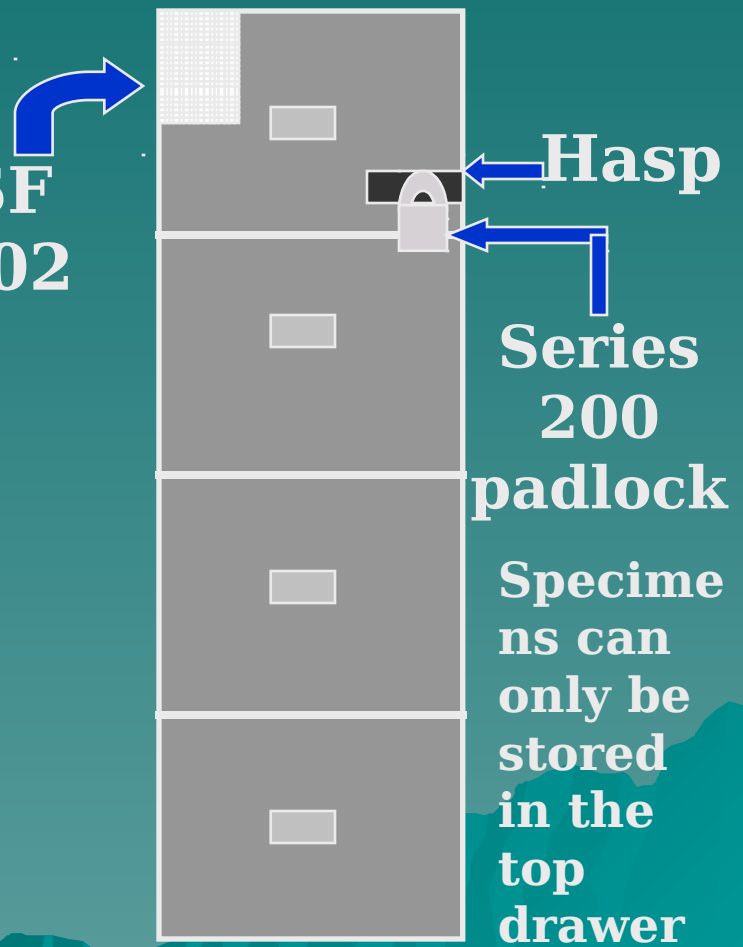
- Container must be in a lockable room
- Safe or filing cabinet
  - Must weigh at least 500 pounds or
  - Be attached to the structure of the building.

Security
continued

- Filing cabinet is used:
  - A metal bar hasp run entire height of the cabinet
  - A hasp may be welded to top drawer, only top drawer to be used for temp storage

Unit Level Security





Security
continued

- Safe or filing cabinet will be locked with a padlock with no more than two keys
  - One key issued to primary DTPAM/UPL
  - Second key issued to commander's safe
  - Keys must be maintained IAW Key Control Procedures
- Opening / Closing of storage container will be annotated on SF Form 702

SECURITY CONTAINER CHECK SHEET

TO (If required) | THRU (If required)

CERTIFICATION

I CERTIFY, BY MY INITIALS BELOW, THAT I HAVE OPENED, CLOSED OR CHECKED THIS SECURITY CONTAINER IN ACCORDANCE WITH PERTINENT AGENCY REGULATIONS AND OPERATING INSTRUCTIONS.

MONTH/YEAR

DATE	OPENED BY		CLOSED BY		CHECKED BY		GUARD CHECK (If required)	
	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME

Questions?